

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

8

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

ANTHONY

W

COBOS

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

4047 EMORY

EI PASO, TX 79922

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 842-8280

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

DAVID

G

MARCUS

CPA

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6090 SURETY St 100
EI PASO, TX 79905

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 775-1040

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

01 / 01 / 2005

04 / 07 / 2005

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

05 / 07 / 2005

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any).

CITY COUNCIL DISTRICT #8

13 OFFICE SOUGHT (if known)

SAME

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

13400.⁰⁰

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

326⁷⁹

4. TOTAL POLITICAL EXPENDITURES

\$

9793.²³

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

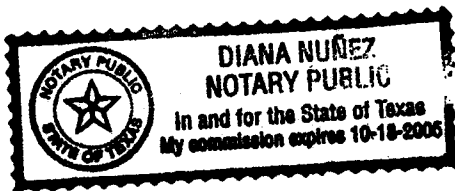
72012.⁵⁴

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Anthony W. Cobos

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Anthony W. Cobos, this the 7th day of April, 20 05, to certify which, witness my hand and seal of office.

Diana Nuñez
Signature of officer administering oath

Diana Nuñez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

ANTHONY W COBOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:7 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

SEE ATTACHED

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#: _____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation / Job title (See instructions)**11** Employer (See instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

SCHEDULE A

DATE	NAME OF CONTRIBUTOR	CONTRIBUTOR ADDRESS(City,State,Zip)	AMOUNT	OCCUPATION
3/16/2005	Bob Bowling	PO Box 4138, El Paso, TX 79914	1,000.00	Builder
3/16/2005	James F Scheer	109 N Oregon Ste 100, El Paso, TX 79901	1,000.00	Attorney
3/16/2005	Albert Gamboa	1525 Goodyear, El Paso, TX 79936	1,000.00	Engineering
3/16/2005	Bernie Lucero	1325 Montana, El Paso, TX 79902	250.00	Architect
3/16/2005	Maria Teran	720 Willow Glen, El Paso, TX 79922	400.00	Sales
3/16/2005	Gregory Bowling	7484 Plaza Redonda, El Paso, TX 79912	1,000.00	Builder
3/16/2005	Robert & Joanne Bowling	6705 Pearl Ridge, El Paso, TX 79912	1,000.00	Builder
3/16/2005	Randall J Bowling	6453 Calle vista, El Paso, TX 79912	1,000.00	Builder
3/16/2005	Norma Carreon	812 W Yandell, El Paso, TX 79902	200.00	Paralegal
3/16/2005	Ismail Panahi	5616 Buckley, El Paso, TX 79912	500.00	Contractor
3/16/2005	JOBE PAC	1 McKelligon Canyon, El Paso, TX 79930	1,000.00	PAC
3/30/2005	EP County Medical Society PAC	1301 Montana, El Paso, TX 79902	1,000.00	PAC
3/29/2005	Carroll S Maxon	4820 Olmos, El Paso, TX 79922	1,000.00	Developer
3/17/2005	Nicolas A Bombach	6397Calle Azul, El Paso, TX 79912	1,000.00	Builder
3/14/2005	Carlos D & Lisa Bombach	41 Sun Point, El Paso, TX 79912	1,000.00	Builder
3/15/2005	Eugenio & Ana Mesta	721 Gary Lane, El Paso, TX 79922	500.00	Architect
3/28/2005	Fredrick & Laura Norwich	825 Forest Willow, El Paso, TX 79922	250.00	Restauranteer
4/7/2005	Luis Alberto Sanchez	1905 Lake Omega Ste D, El Paso, TX 79936	100.00	Doctor
4/2/2005	David Branch & Patricia Branch	5203 Wimbledon, El Paso, TX 79934	100.00	
3/15/2005	Rick V Romero	3230 Montana, El Paso, TX 79905	100.00	Accountant
Total Campaign Contributions			<u>\$ 13,400.00</u>	

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:**2** FILER NAME

ANTHONY COBOS

3 ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS: → → → → → →

\$ 299.72

5 Date of loan

04/06/05

7 Name of lender

ANTHONY COBOS

☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)

299.72

6 Is lender a financial institution?

Y

(N)

8 Lender address; City; State; Zip Code4047 EMORY
EL PASO, TX 79922**10** Interest rate

0%

11 Maturity date**12** Principal occupation / Job title (See Instructions)

SELF

13 Employer (See Instructions)**14** Description of Collateral☒ none**15** GUARANTOR INFORMATION☐ not applicable**16** Name of guarantor**17** Guarantor address; City; State; Zip Code**18** Amount Guaranteed (\$)**19** Principal Occupation**20** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none**GUARANTOR INFORMATION**

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2****2** FILER NAME**ANTHONY W COBOS****3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount
(\$)**6** Payee address; City; State; Zip Code**SEE ATTACHED****8** Purpose of payment (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

SCHEDULE F

DATE	PAYEE NAME	PAYEE ADDRESS	AMOUNT	PURPOSE
1/10/2005	Alltel	PO Box 79029, Phoenix, AZ 85062	198.75	Cell Phone
1/20/2005	Debora Kastrin	3940 Flamingo, El Paso, TX	1,000.00	Chargeback
1/31/2005	I Merlin.Com	409 Executive Center, El Paso, TX 79902	811.86	Website Design
2/21/2005	Leo Haddad	5845 Onix, El Paso, TX 79912	300.00	Rental Space
2/21/2005	Pronto Tire & Muffler	4900 Doniphan, El Paso, TX 79922	325.38	Campaign Auto Maint
3/2/2005	City of El Paso	2 Civic Center Plaza	250.00	Filing Fee
3/10/2005	Davids Pennants and Banners	9911 Carnegie St, El Paso, TX 79925	730.69	Signs
3/15/2005	Zigns	3716 Montana, El Paso, TX 79903	852.46	Signs
3/16/2005	AUS Mailing Services	2020 Mills Ave, El Paso, TX 79901	1,157.89	Mailing Services
3/16/2005	Office Depot	801 Sunland Park Dr, El Paso, TX 79912	94.46	Supplies
3/17/2005	Rosenblum Studios	224 W Overland, El Paso, TX 79901	300.00	Photos
3/16/2005	Leo Haddad	5845 Onix, El Paso, TX 79912	492.50	Rental Space
3/24/2005	Zippy Printing	2855 Pershing Dr, El Paso, TX 79903	297.69	Printing
4/1/2005	AUS Mailing Services	2020 Mills Ave, El Paso, TX 79901	1,170.18	Mailing Services
4/4/2005	Joseph Cobos	PO Box 2269, Anthony NM, 88021	400.00	Campaign Worker
4/5/2005	Lubys	3601 N Mesa, El Paso, TX 79912	111.39	Community Meeting
4/7/2005	PDX Printing	100 Porfirio Diaz, El Paso, TX 79902	723.39	Printing
4/7/2005	Anthony Cobos	4047 Emory, El Paso, TX 79922	576.59	Reimburment
Total Campaign Expenditures			<u>\$ 9,793.23</u>	

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:**2** FILER NAME

ANTHONY COBOS

3 ACCOUNT # (Ethics Commission filers)**4** Date

3/10/05

5 Payee name

THE HOME DEPOT

6 Payee address; City; State; Zip Code

7545 N. MESA, EL PASO, TX 79912

7 Purpose of expenditure (See instructions regarding type of information required.)

SIGNAGE MATERIALS

8 Amount (\$)

80.95

☒ Reimbursement from political contributions intended

Date

3/31/05

Payee name

UNITED STATES POSTAL SERVICE

Payee address; City; State; Zip Code

FIVE POINTS STATION, EL PASO, TX 79903

Purpose of expenditure (See instructions regarding type of information required.)

POSTAGE for FUNDRAISER MAILOUT

Amount (\$)

111.00

☒ Reimbursement from political contributions intended

Date

1/20/05

Payee name

WALGREENS

Payee address; City; State; Zip Code

200 N. MESA, EL PASO, TX 79901

Purpose of expenditure (See instructions regarding type of information required.)

COMMUNITY MEETING SUPPLIES

Amount (\$)

84.92

☒ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Business name**7** Amount
(\$)**6** Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**